

# How to Correct an Application that has been Returned to Provider



#### PAVE Email Message

From: PAVE-DHCS@dhcs.ca.gov

Date: January 25, 2019 at 7:15:00 PM PST

To: sandyjohnson@gmail.com

Subject: Application ID # 1914892A and ABC Medical Inc

Dear Sandy Johnson,

You have received this email because you have an important unopened PAVE Portal message awaiting for you in your In Box.

To read this important message, please select the hyperlink below and Login.



#### Open PAVE Portal Message

If you feel you have received this email in error, please disregard this message.

Sincerely,

Department of Health Care Services Provider Enrollment Division

Please note: This e-mail was sent from an auto-notification system that cannot accept incoming e-mail. Please do not reply to this message.

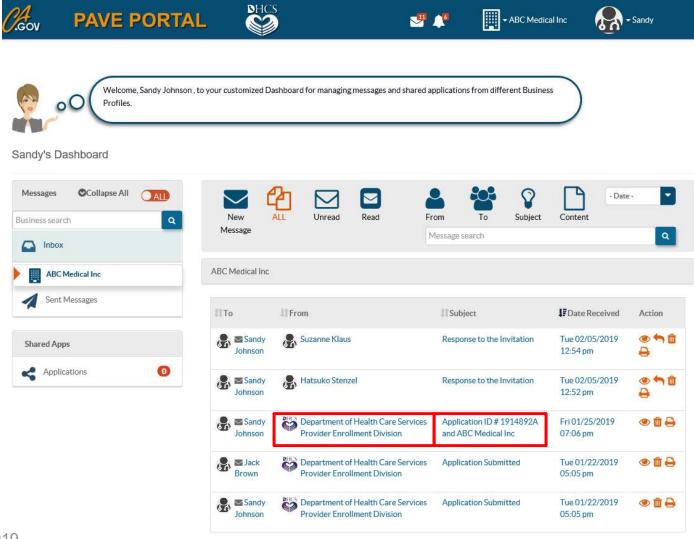


#### Message Center



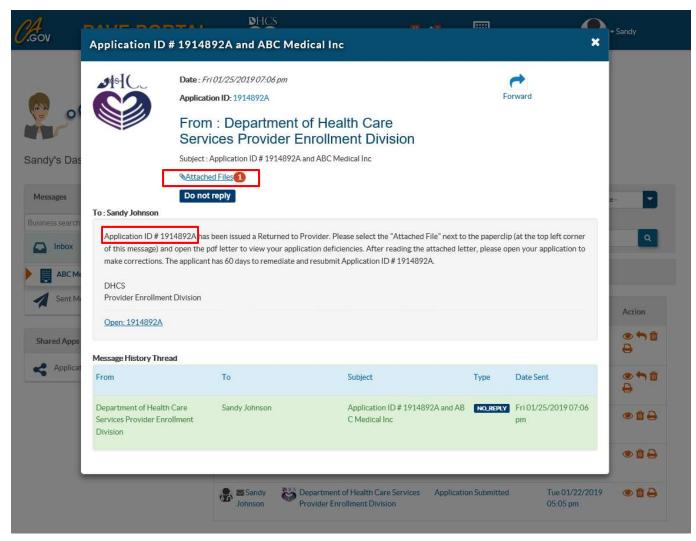


#### Message Center for Administrator, Manager & Supervisor PAVE Roles



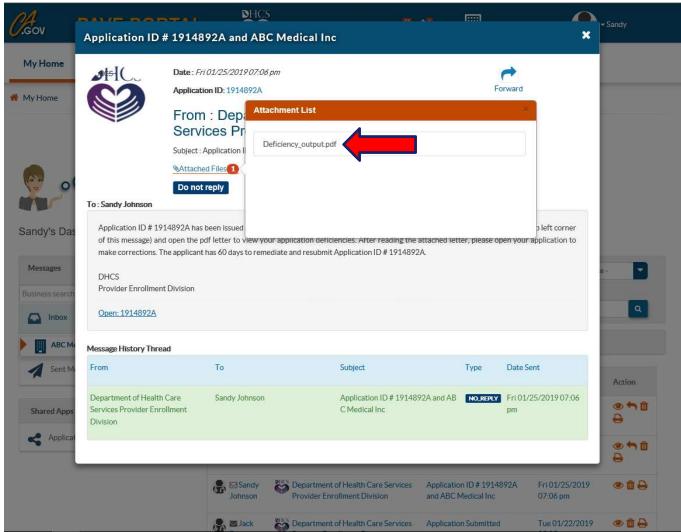


#### **Deficiency Notice**



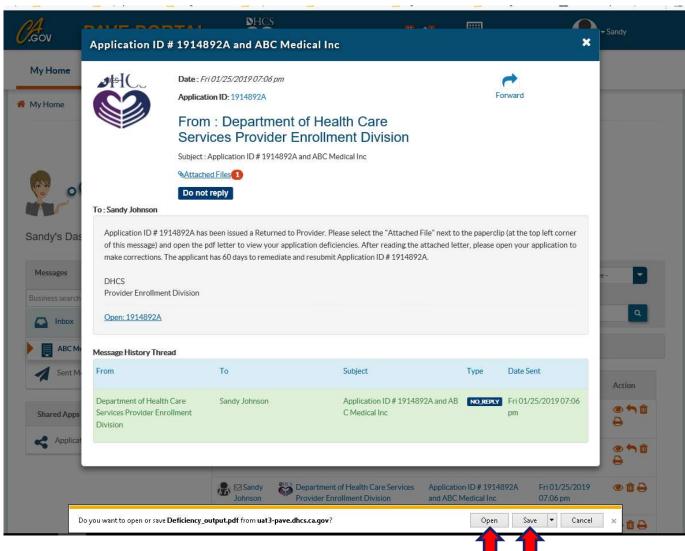


#### **Deficiency Notice**





#### **Deficiency Notice**





#### **Deficiency Letter**



State of California—Health and Human Services Agency
Department of Health Care Services



#### 1/26/2019

ABC Medical Inc 1501 Capitol Ave, Sacramento, CA 95814-5005

APPLICATION IDENTIFICATION NUMBER: 1914892A DATE APPLICATION RECEIVED: January 22, 2019

The Department of Health Care Services (DHCS), Provider Enrollment Division (PED) has reviewed your application in accordance with Welfare and Institutions (W&I) Code Section 14043.26 and California Code of Regulations (CCR), Title 22, Section 51000.50. PED's review found that your application is incomplete and/or incorrect and cannot be processed until all required information is received.

Please review the following, update your *Medi-Cal Provider e-Form Application* where applicable, and resubmit within 60 calendar days of this letter to continue processing. Failure to resubmit a complete and accurate application may result in denial of your application.

The following information and/or corrections must be made for processing to continue:

 Legal Name
 Please verify the legal name is accurate for the applicant.

Malpractice Insurance
 Insurance
 Insurance
 The malpractice insurance has expired.
 Please attach a valid, current malpractice insurance document for the applicant.

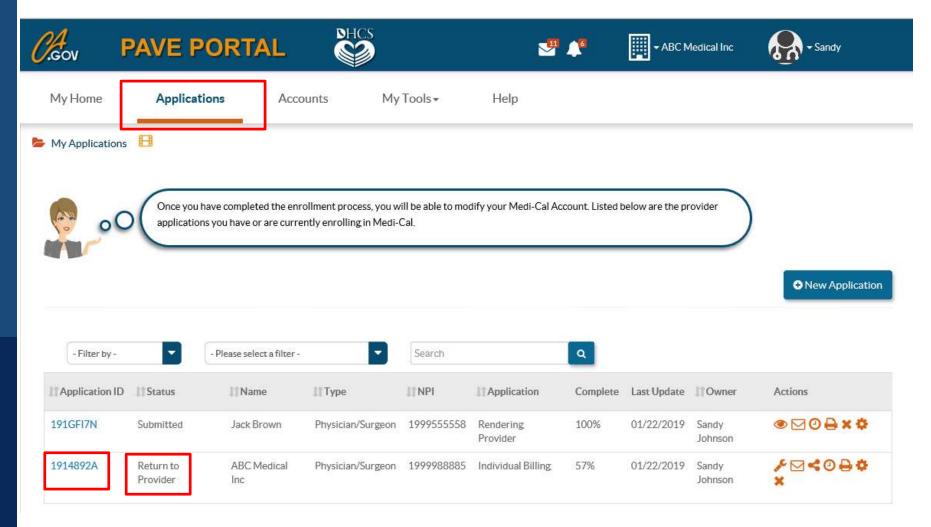
Professional - Please verify professional license number is accurate for the applicant.

Pursuant to CCR, Title 22, section 51000.50(h), if you fail to return the requested information and/or document(s) with your application package within 60 calendar days of the date of the notice of incomplete application, or if the information and/or documents you provide do not resolve the deficiencies, your application shall be denied. If the application package is submitted after 60 calendar days of the date of this notice, it shall be treated as a new application package and processed in the date order received.

PED appreciates your program participation and willingness to provide services to Medi-Cal beneficiaries.



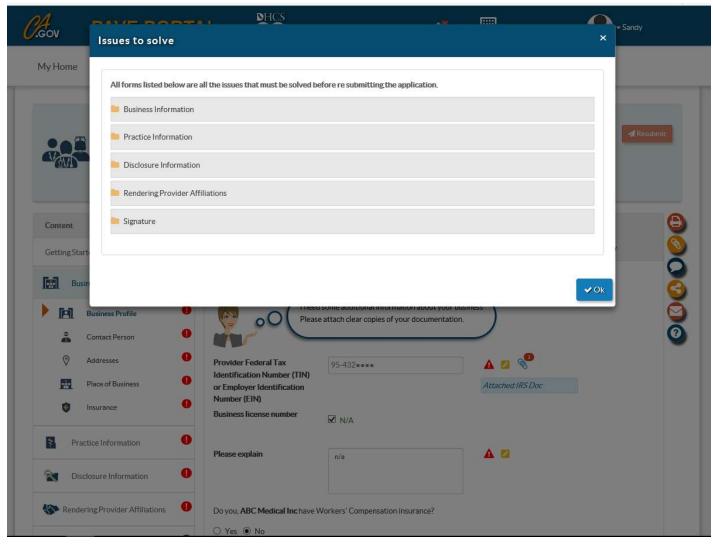
# Application Queue: Identifying the Deficient Application



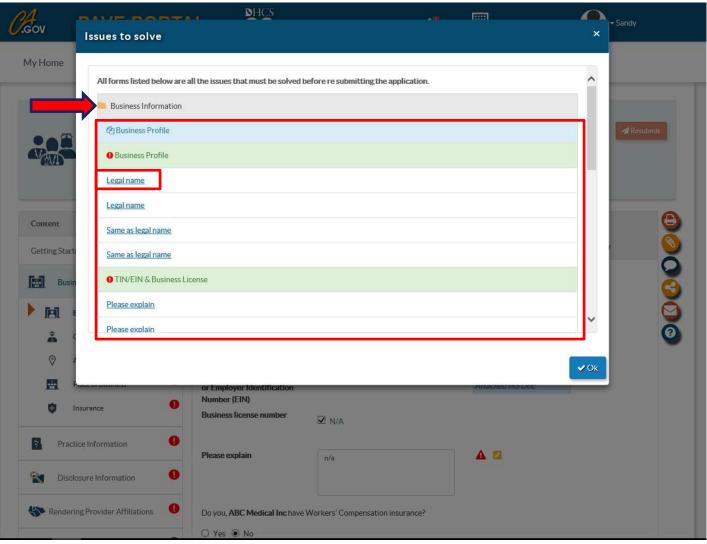




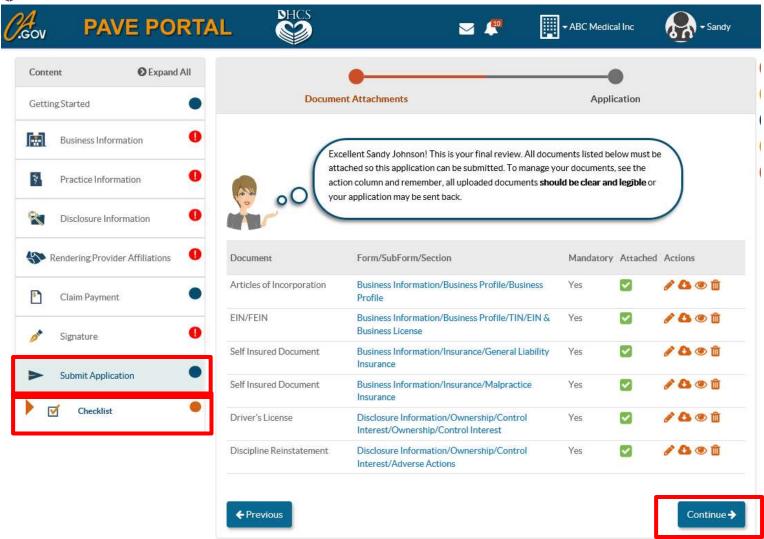




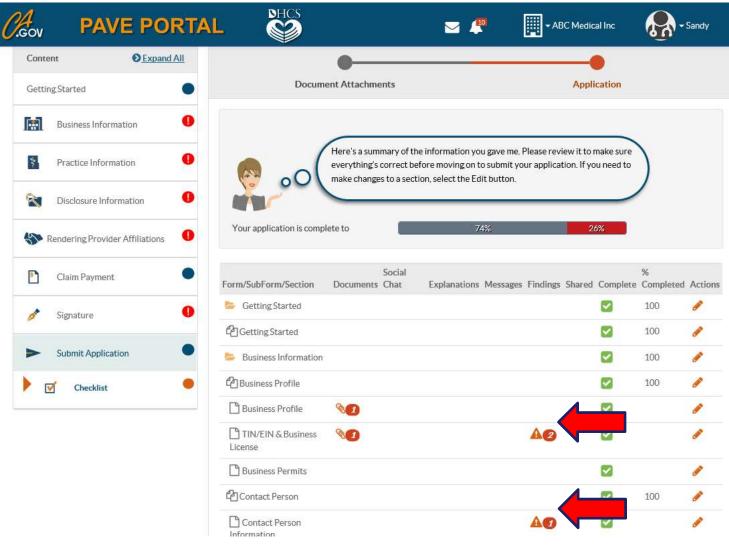




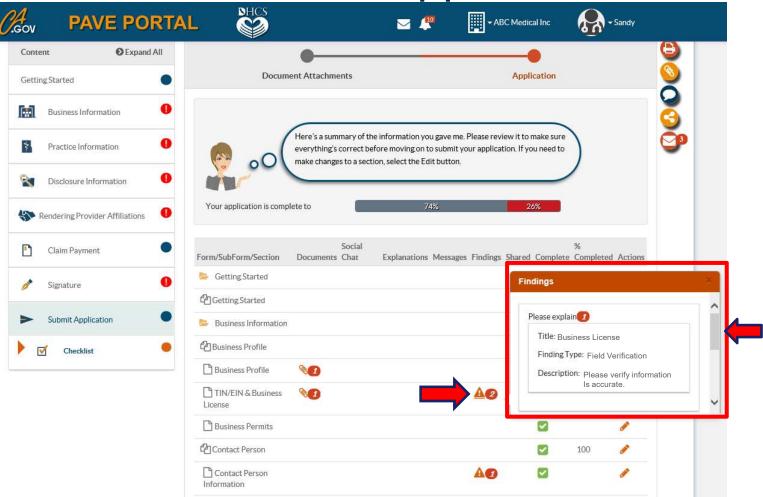




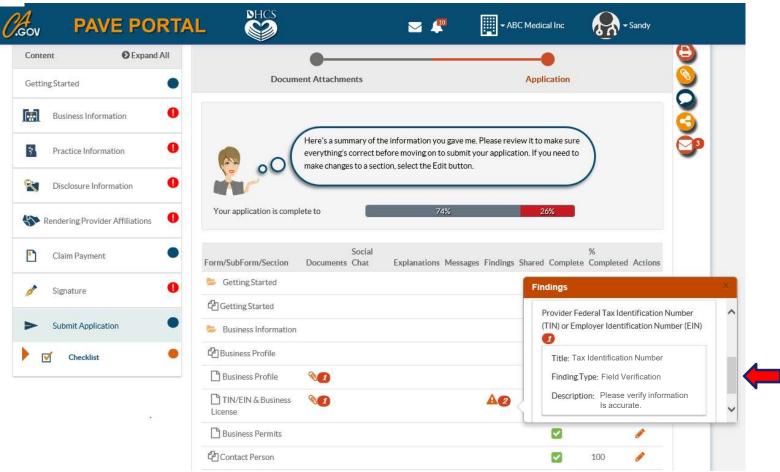




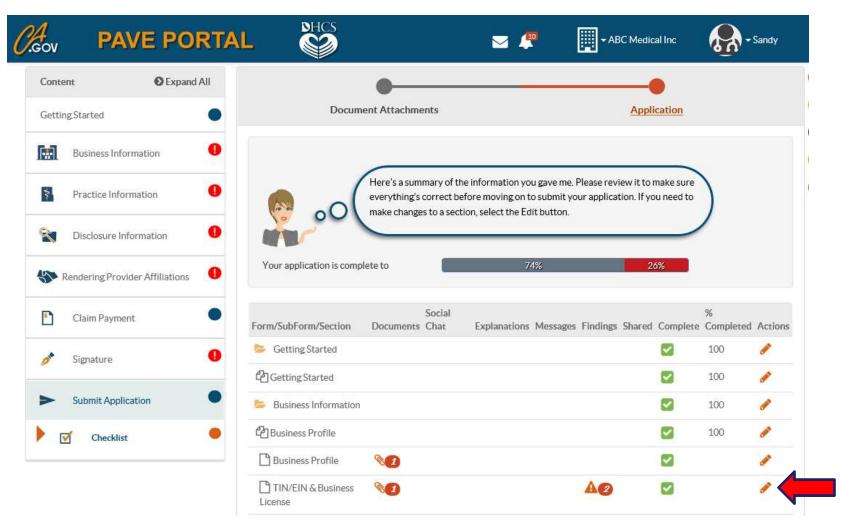
DHCS



DHCS





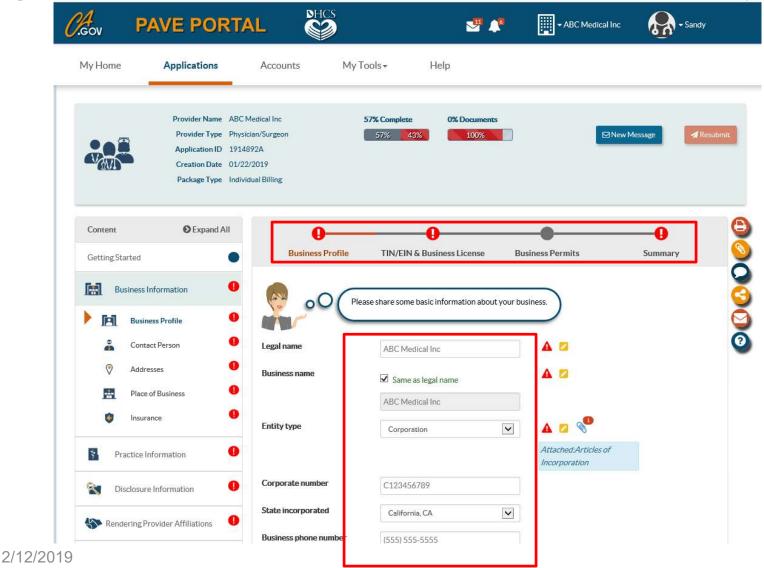




# PAVE Roles & Deficient Applications

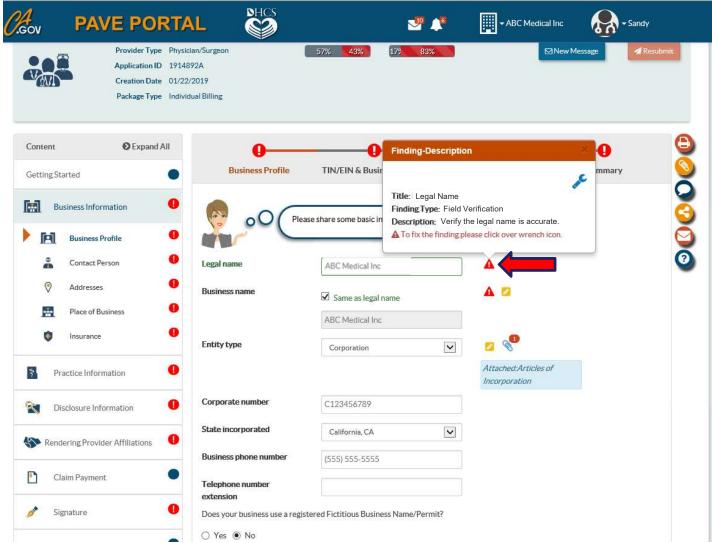
	Administrator App Owner	Administrator Non App Owner	Manager	Supervisor	Authorized Signer	Staff
Correcting the application	YES	NO	NO	NO	NO	NO
Receive deficiency email & letter	YES	YES	YES	YES	NO	NO
View application status when returned	YES	YES	YES	YES	YES	YES
View status icons on what is deficient	YES	YES	YES	YES	YES	YES
View checklist of deficient items	YES	YES	YES	YES	YES	YES
Print application	YES	YES	YES	YES	YES	YES
Share application	YES	NO	NO	NO	NO	NO
Change owner of application	YES	YES	NO	NO	NO	NO
Withdraw application	YES	NO	NO	NO	NO	NO



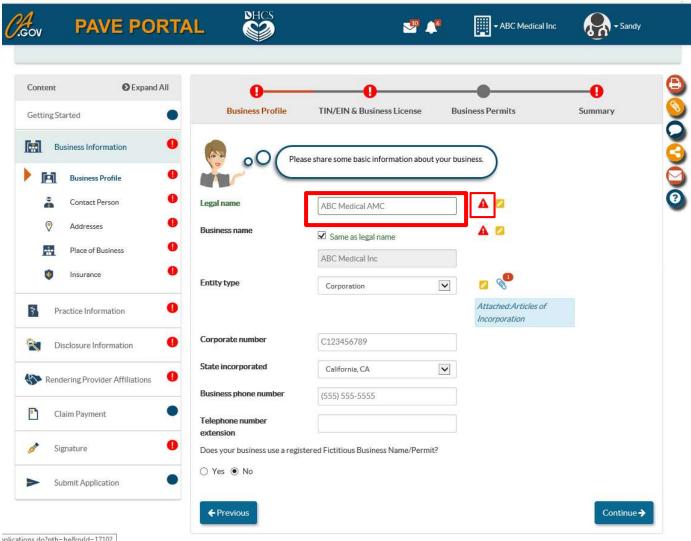


19

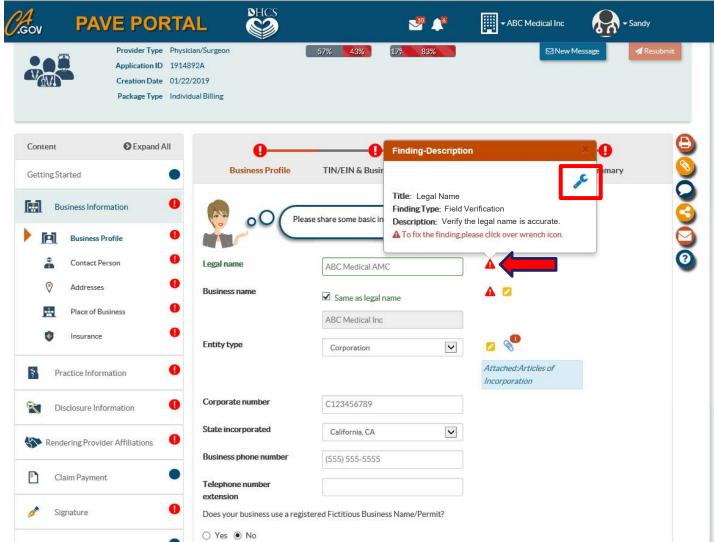




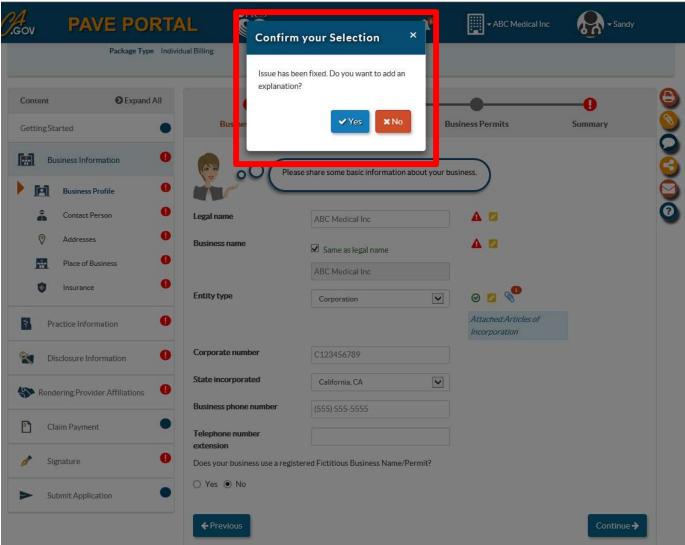






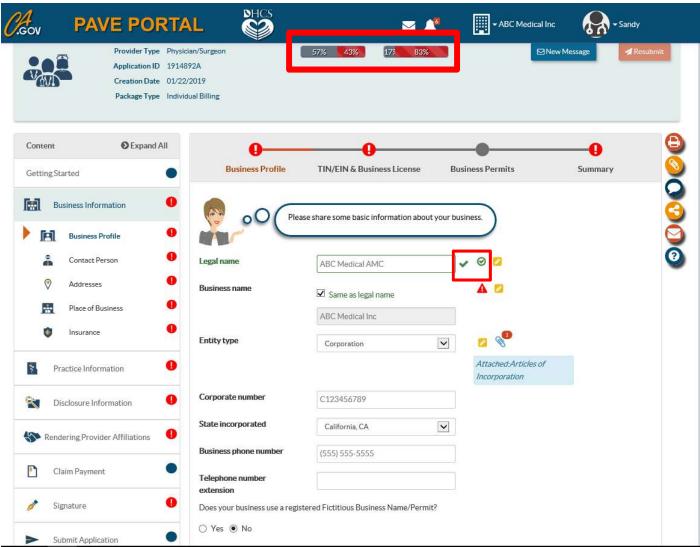




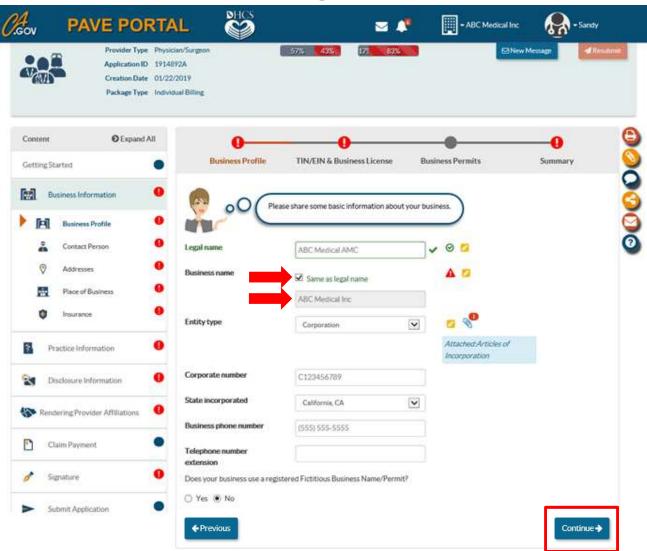


#### DHCS CONTRACTOR

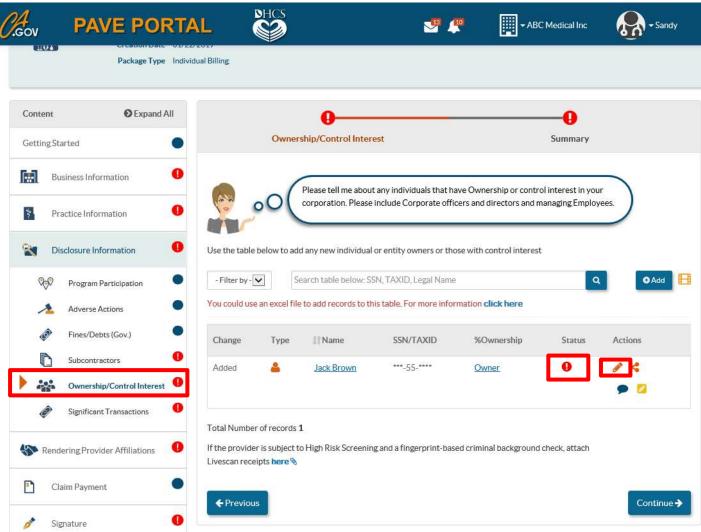
# Administrator Owner Role: Correcting the Application





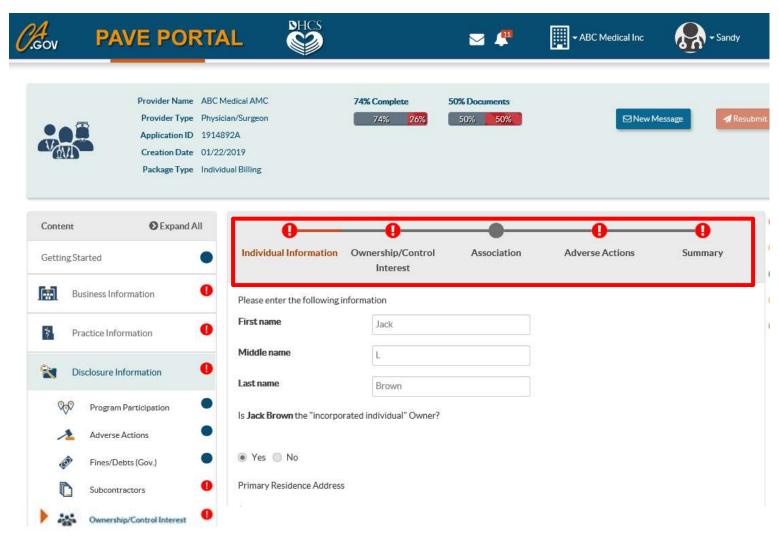




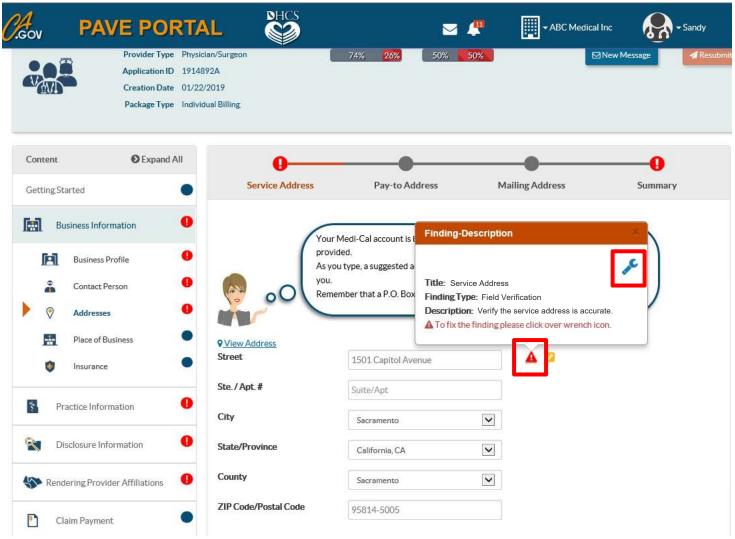


2/12/2019 26

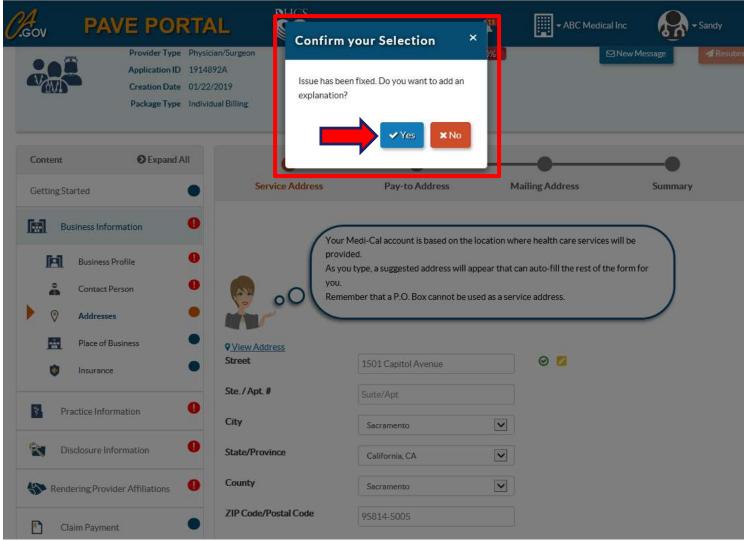




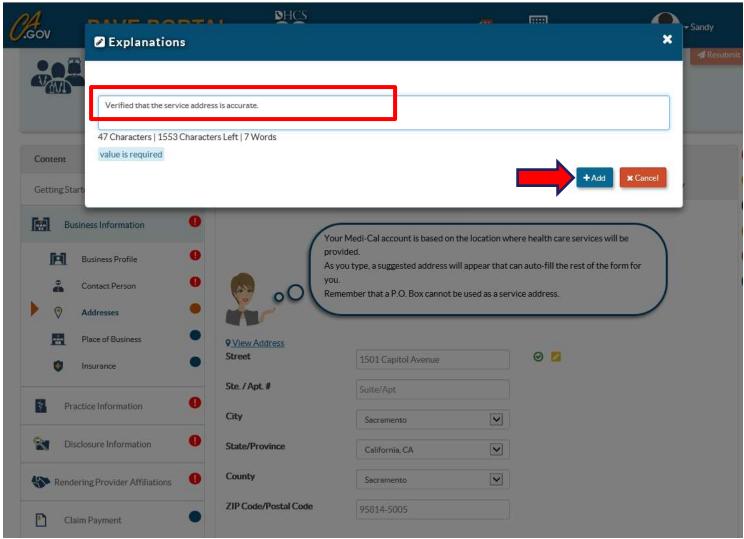




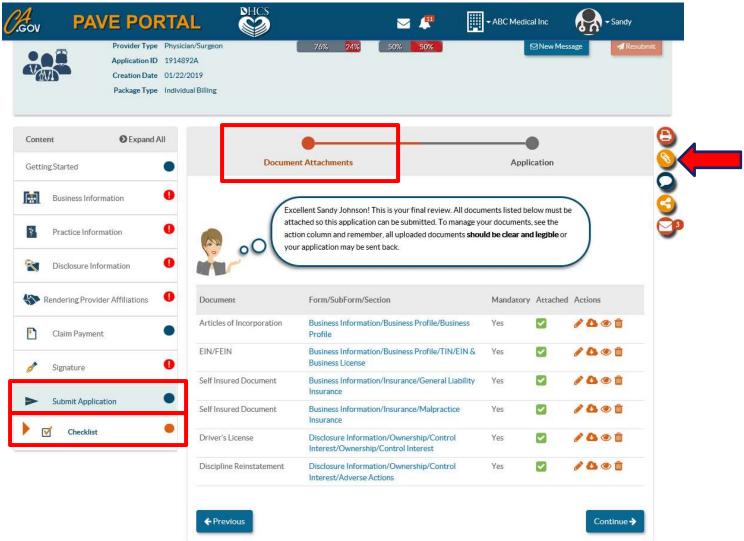




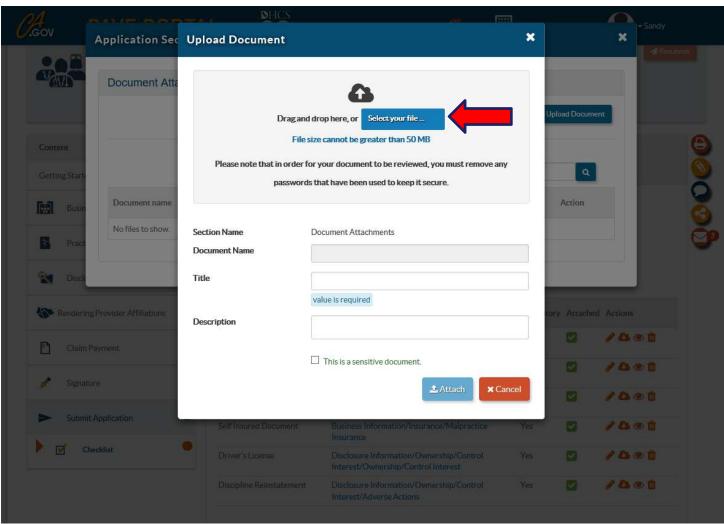




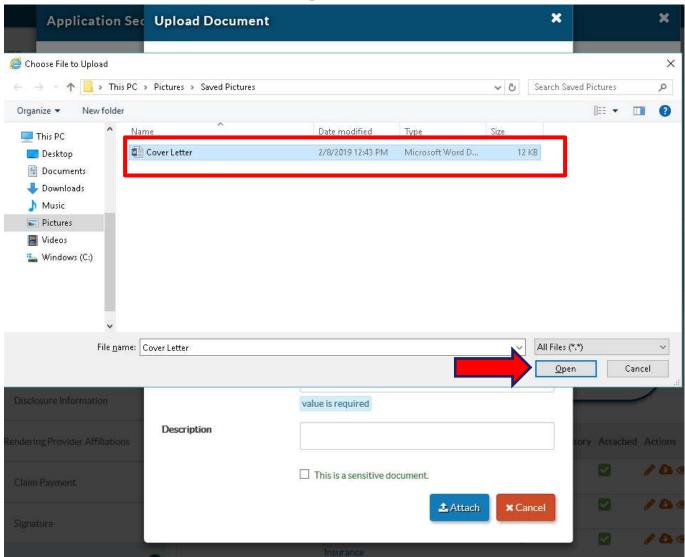




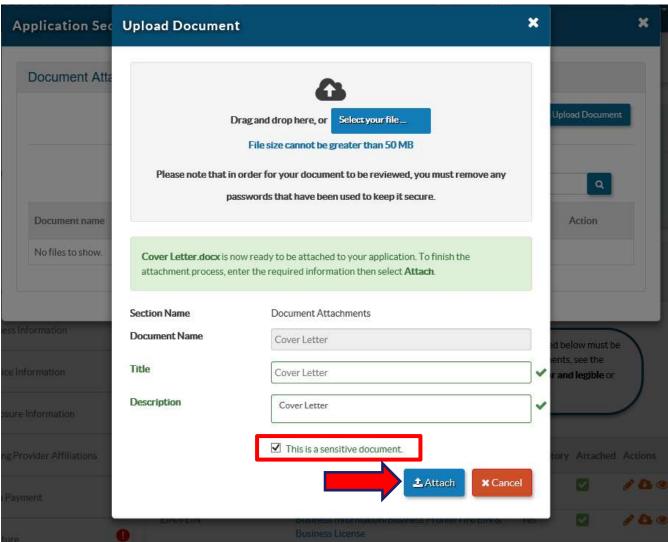




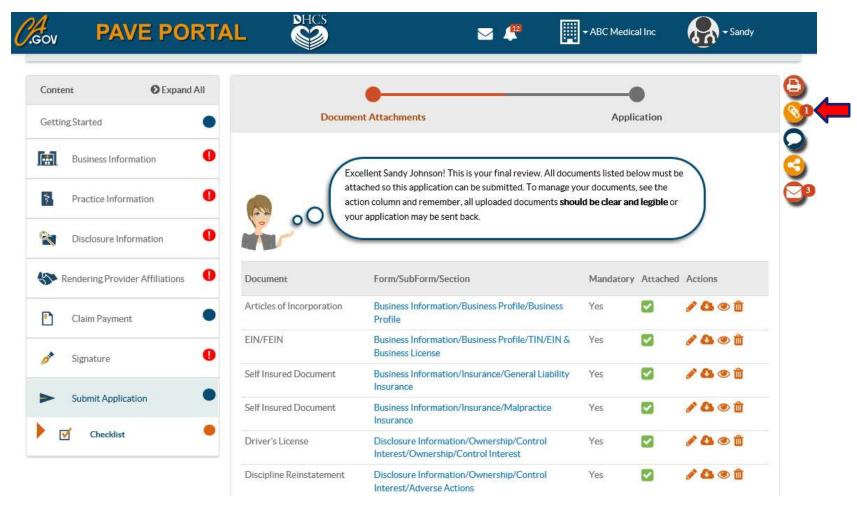










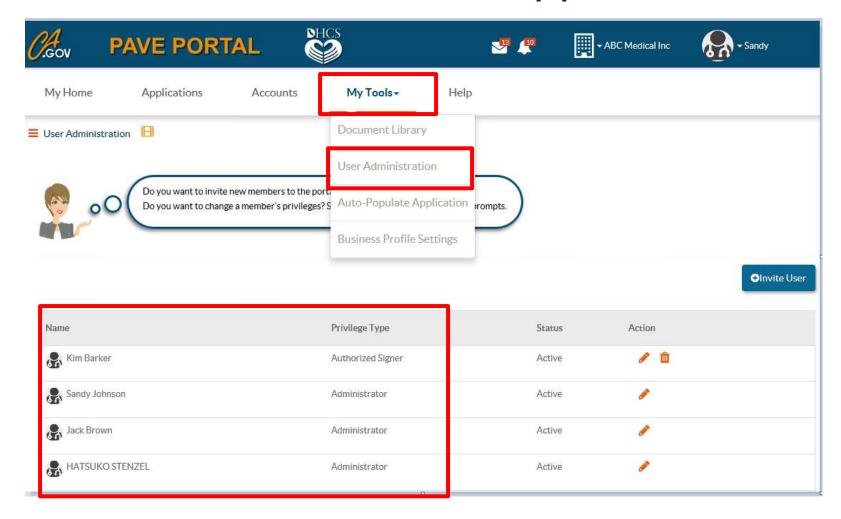




#### How to Change the Owner of an Application

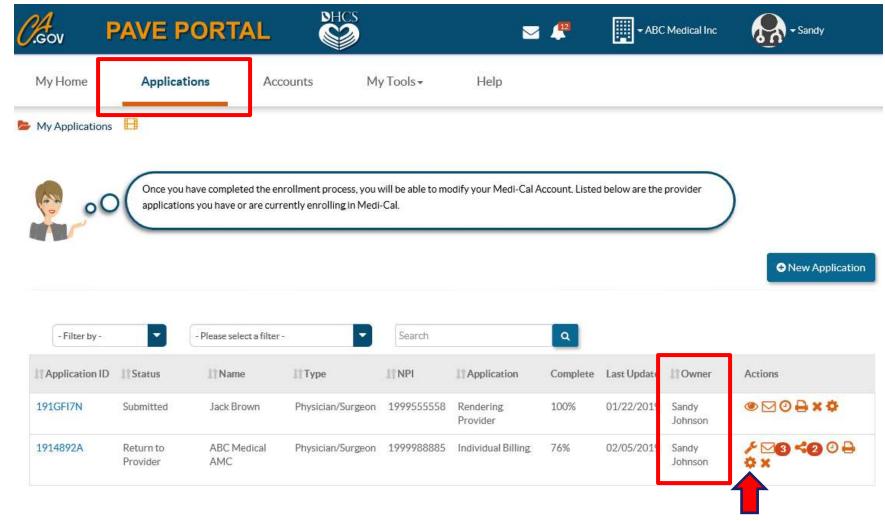
- The owner of an application can only be changed from an administrator role to another administrator role
- The purpose of changing the ownership is so that another individual could make corrections to the application
- Any administrator can initiate the change





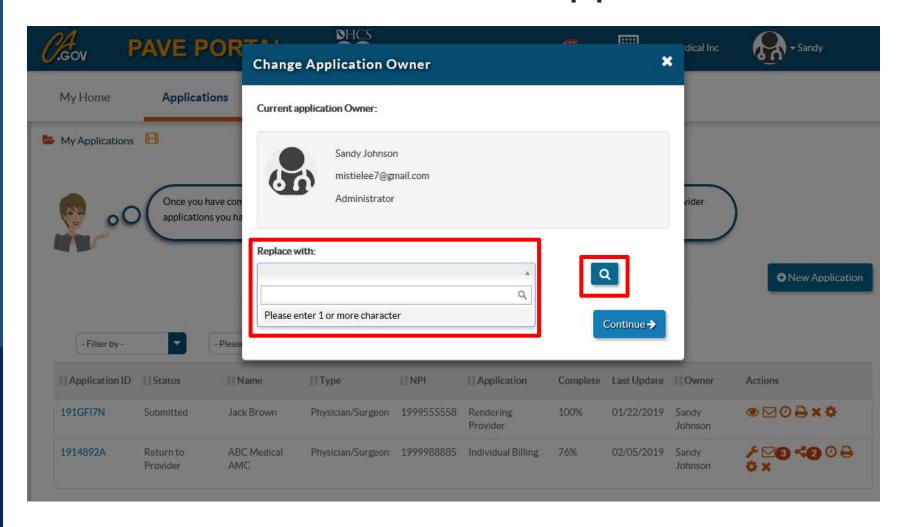
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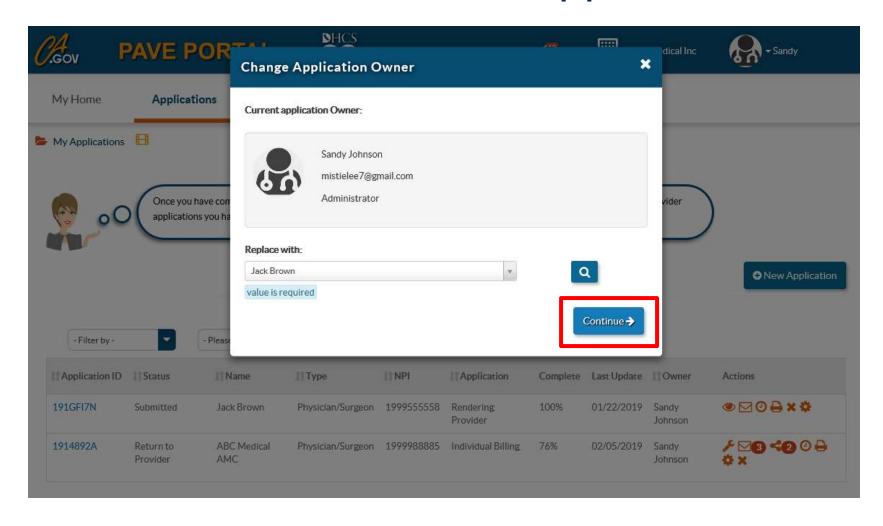
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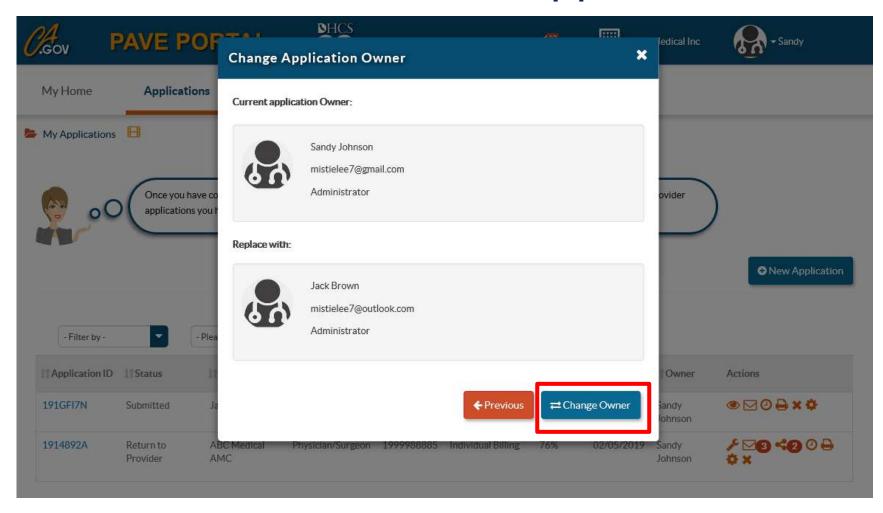


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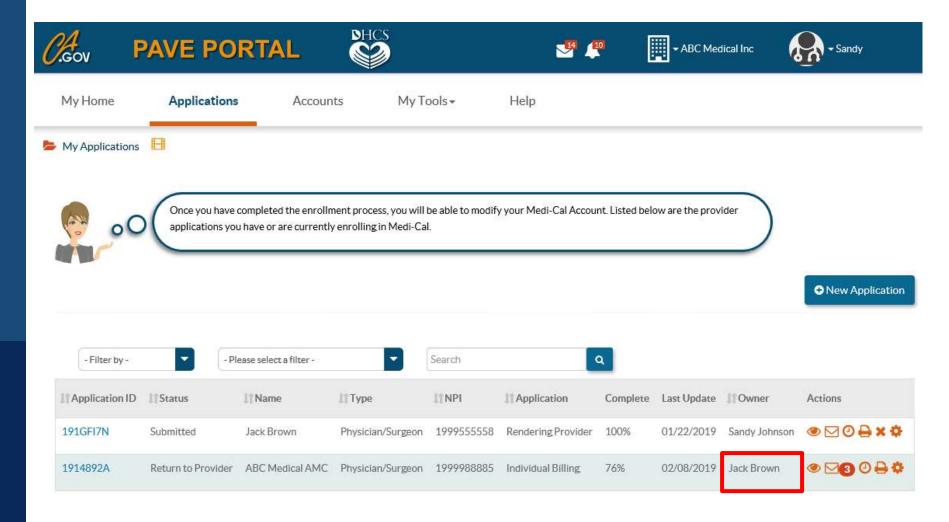






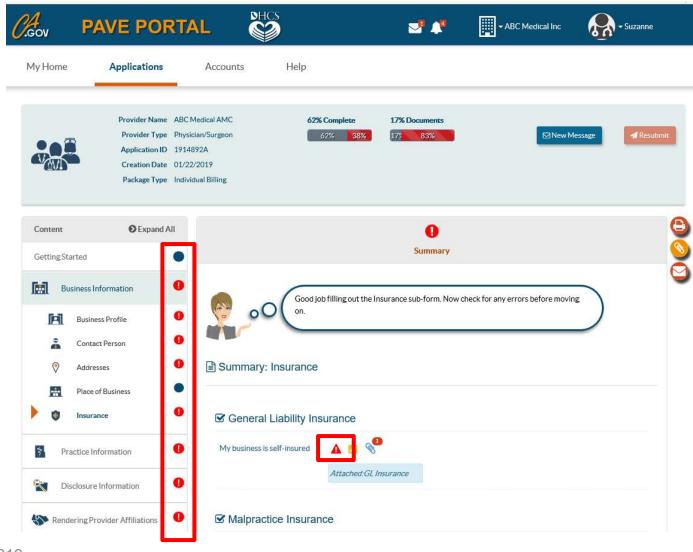






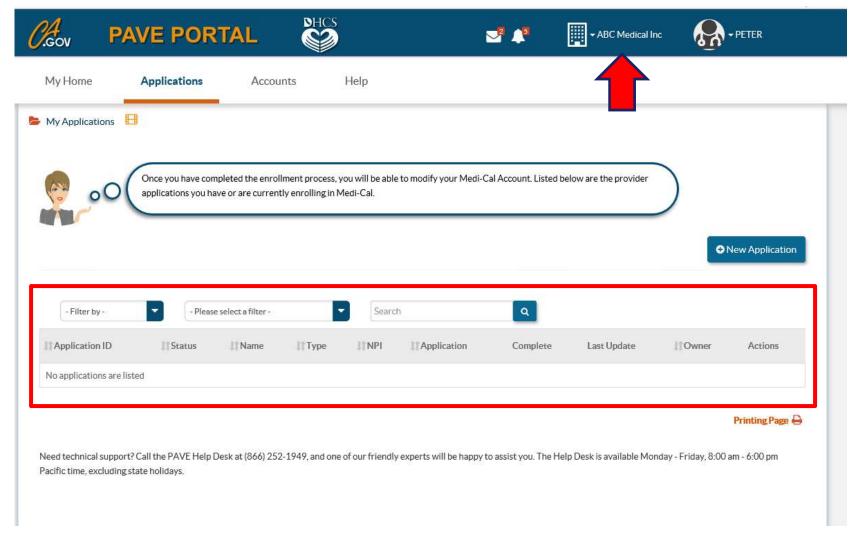


## All Other Roles Cannot Correct the Application

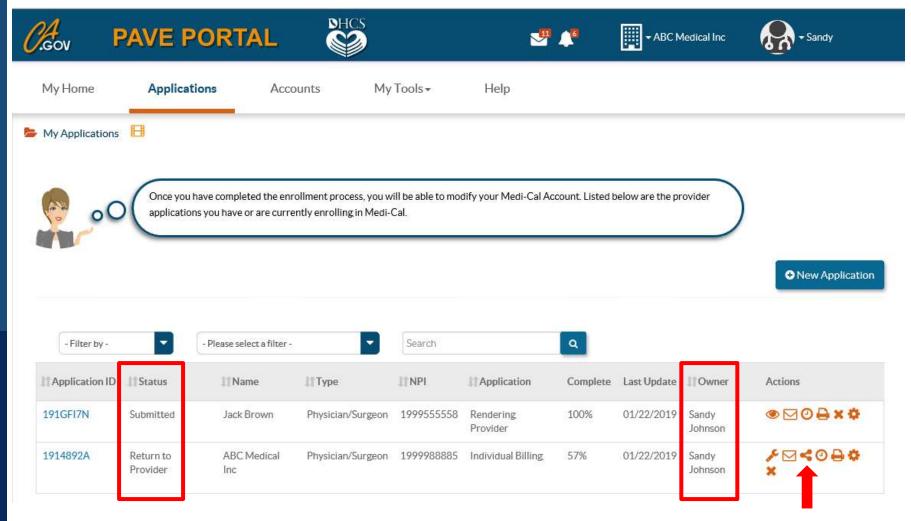




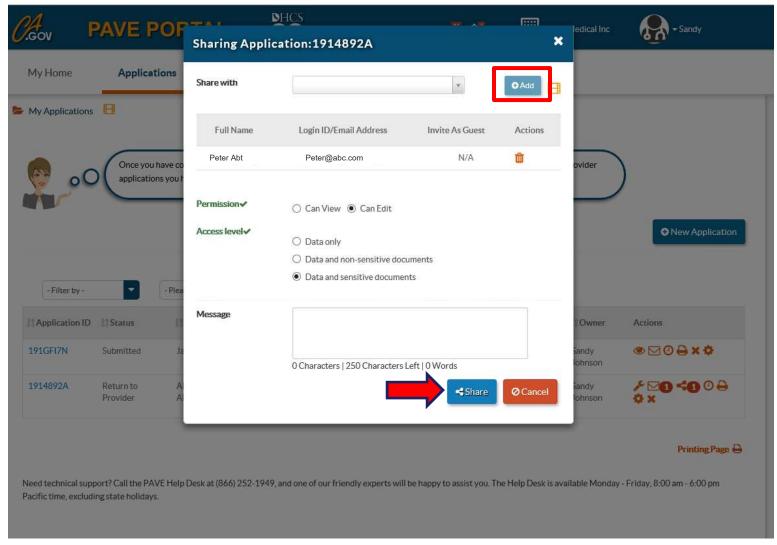
### Understanding the User Role & Guest Role



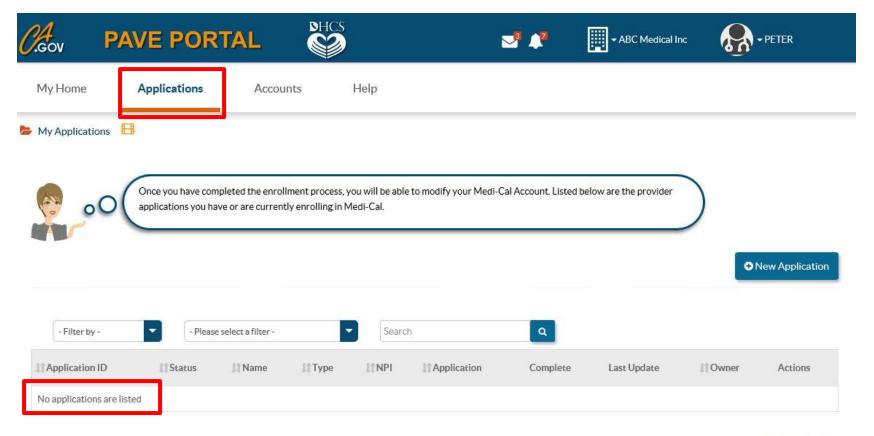










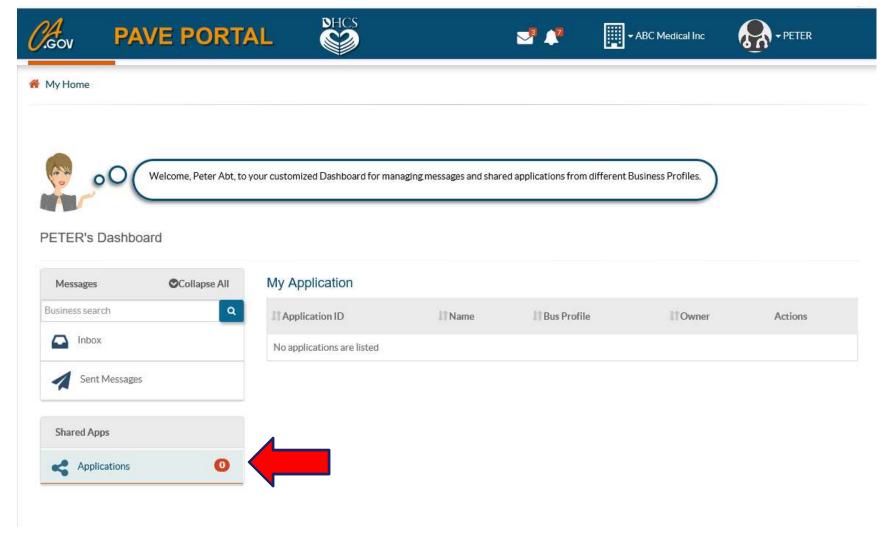


Need technical support? Call the PAVE Help Desk at (866) 252-1949, and one of our friendly experts will be happy to assist you. The Help Desk is available Monday - Friday, 8:00 am - 6:00 pm Pacific time, excluding state holidays.

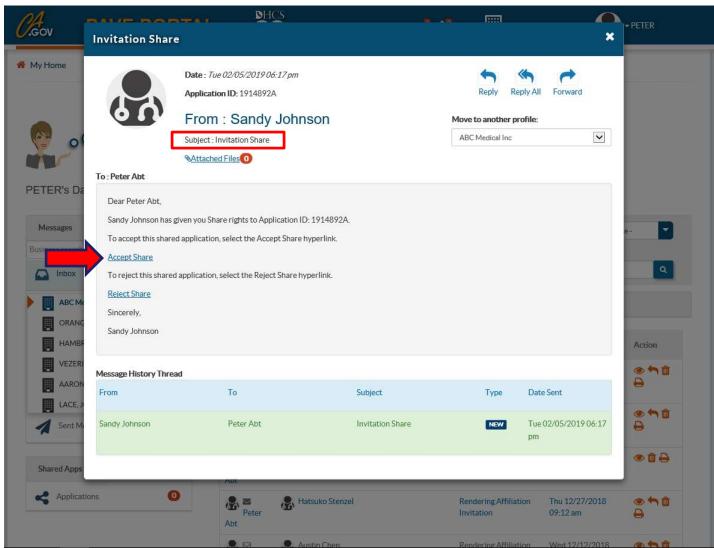
2/12/2019 47

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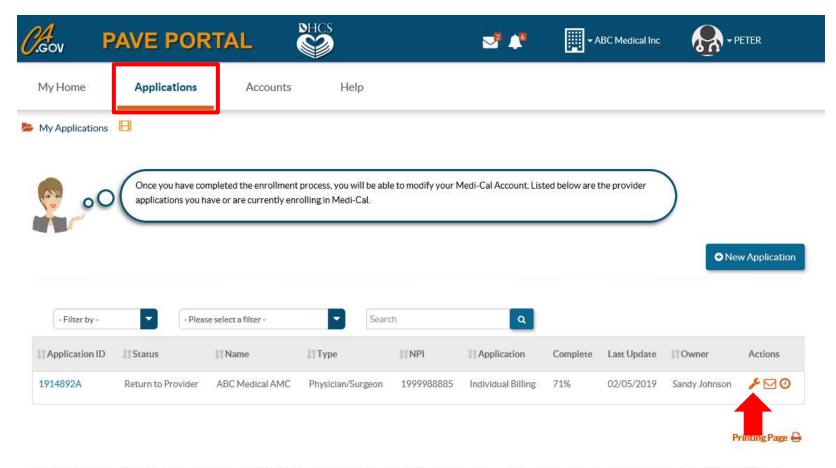










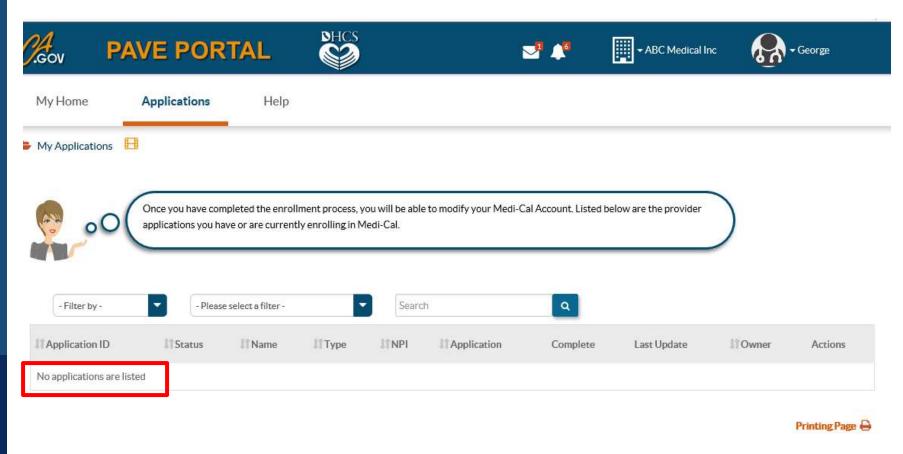


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Pacific time, excluding state holidays.

# Sharing the Application: Guest Role

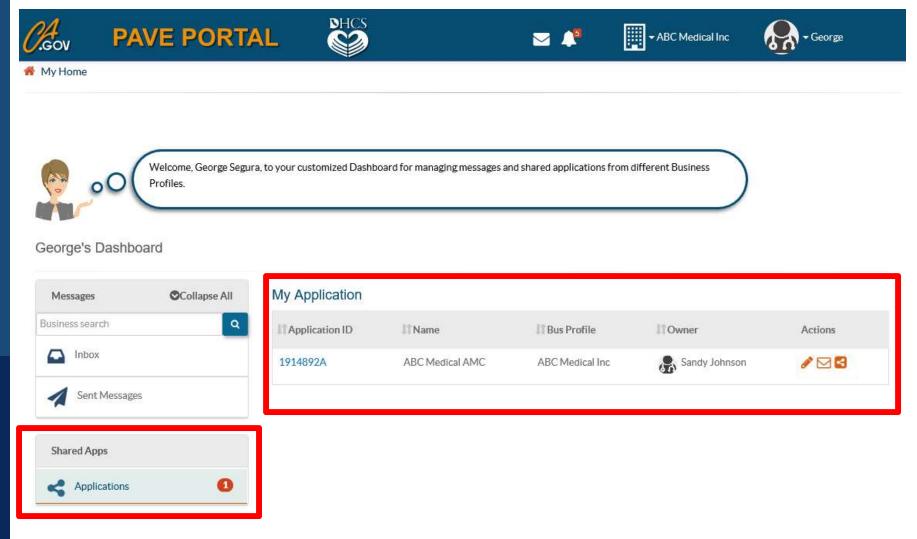


2/12/2019 51

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# Sharing the Application: Guest Role





### PAVE ON!